

# AITKIN COUNTY ENVIRONMENTAL SERVICES

## APPLICATION for an OPERATING PERMIT FOR WASTEWATER TREATMENT AND DISPERSAL

PERMITTEE Scott Rogers PARCEL NUMBER 16-1-078700

ADDRESS 16833

LEGAL DESCRIPTION \_\_\_\_\_

TELEPHONE # 612-868-7585 GIS LOCATION \_\_\_\_\_

**A. DESCRIPTION OF WASTEWATER TREATMENT AND DISPERSAL SYSTEM:**  
(Attach ISTS site evaluation and design; estimated cost of system construction, operation, monitoring, service, component replacement, and management; anticipated system life, hydraulic and organic loading rates)

PST MANHOLE 3 hole 10x38 2.5 Small box on 6" ground

**B. MONITORING PLAN AND REPORTING FREQUENCY:**

PARAMETER	COMPLIANCE LIMIT	SAMPLE LOCATION	SAMPLE FREQUENCY	SAMPLE TYPE	REPORTING FREQUENCY
FLOW	<u>&lt; 450 gpa</u>	<u>EVENT</u>	<u>MONTHLY</u>	<u>LD5</u>	<u>2 years</u>
5-DAY BOD					
TOTAL NITROGEN					
TOTAL PHOSPHORUS					
TSS					
FATS, OILS AND GREASE					
FECAL COLIFORM					
SEPARATION DISTANCE	<u>3'</u>				<u>AT INSTALL</u>

Dave Lindvall will perform the monitoring of this septic system.

Check pumping system, including control panel and floats.

Record and date the readings of the elapsed time meter and cycle counter(s), if applicable.

Check dosing settings (in the control panel, if applicable).

Other: \_\_\_\_\_

\*\*If the septic tank or lift stations need pumping to be in compliance with the operating permit the cost of the pumping is the responsibility of the Client.

### TREATMENT DEVICE

Inspect pretreatment unit (aerobic tank, sand filter, etc.) per manufacturer's recommendations, if applicable.

Inspect and clean any parts per manufacturer's recommendations.

Inspect and clean laterals, if applicable.

Inspect the appearance of the wastewater inside the unit for color, turbidity and examination of odors.

Sample effluent per Operating Permit monitoring requirements.

(Cost of sampling and analysis is the responsibility of the Client)

Other: \_\_\_\_\_

### DISPERSAL FIELD

Inspect for visible signs of failure (surface discharge, soggy ground, wet spots, settling, etc.)

If liquid level monitors are installed, levels will be observed and recorded.

Flush filters and clean cartridges, if applicable.

Check field control unit solenoid operations or manual control, if applicable.

Other: MAINTAIN GOOD GRASS COVER

**MAINTENANCE SERVICE, MONITORING AND INSPECTION  
CONTRACT  
FOR INDIVIDUAL SEWAGE TREATMENT SYSTEM**

It is hereby agreed this 6 day of Aug, 2020 by and between  
Dave Finkbein (Inspector) and Scott Rogers (client)

(Client) Name & Address

SCOTT ROGERS

Street Address

16833 332<sup>nd</sup> St

City, State, Zip

256 MN 56342

That in consideration of the payments provided herein, the Inspector shall provide services to perform Preventative Maintenance, Monitoring and Inspection of the Individual Sewage Treatment System (ISTS) located at the property described in the Aitkin County Operating Permit.

Each inspection includes an examination of the ISTS followed by a written report to the client. This inspection report shall contain recommendations for operation and maintenance for failure-preventative measures, if any are deemed appropriate by the inspector and a list of recommended corrective measures or replacement parts. The Inspector is authorized to submit a copy of the report to the Aitkin County Environmental Services Department.

This contract does not assume any responsibilities or obligations, which are normally the responsibilities of the Client, as related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

The Inspector can only contract or subcontract for parts or labor after authorization. Billings for service calls shall be made on a case by case basis. This contract only covers maintenance, monitoring and inspection services per current Aitkin County Operating Permit and does not cover alarm calls of any kind.

The Inspector shall be provided access to the site and the system in order to perform the following services:

**SEPTIC TANK AND LIFT STATIONS INSPECTION**

(check the boxes needed to fill the requirements of the Operating Permit)

Check septic tank and compartments for solids buildup and general appearance. If necessary, have tanks pumped (cost of pumping is the responsibility of the client).

Check effluent filter for buildup and clean, if applicable.

Name (please print) DAVE ENGBYLL  
 Address 1499 260th Ave  
 Telephone # 572-5605  
 Signature [Signature]  
 License Number C-2006  
 Date 8/8/2000

I hereby certify with my signature as the designer, that all data for the operating permit application is true and correct to the best of my knowledge. I agree to indemnify and hold Altkin County harmless from losses, damages, costs and charges that may be incurred by the County because of the information submitted with this application.

- D. MITIGATION PLAN:
- If surface discharge occurs at the following
  - WATER USE - MUST LOWER IT AS FAR AS POSSIBLE
  - check tanks etc
  - No WATER SPLITTER TO SEWER
  - No WATER TRAP DRAINING PANEL TO SEWER USE.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARAMETER	LOCATION	FREQUENCY
Clean FILTER	AT TRANK	6 mo.
Suspect Rods for PARASITES	MOUND	annually
Surface Disc.	MOUND 100	annually

C. MAINTENANCE PLANS

In no event shall the Inspector be responsible for special or consequential damages, including but not limited to, loss of time, injury to personal property or any other consequential damages or incidental or economic loss due to equipment failure or for any other reason. This contract does not assume any responsibilities or obligations, which are normally, the responsibility of the Client or as, related to parts or labor and does not extend to cover any costs that may be associated with any recommendations made under this contract.

This contract shall be effective: Beginning 8/06/2020  
and Ending 8/06/2022

Cost for Maintenance Service, Monitoring and Inspection Contract is:

\$ 0 /yr. For 2 years totaling \$ 0

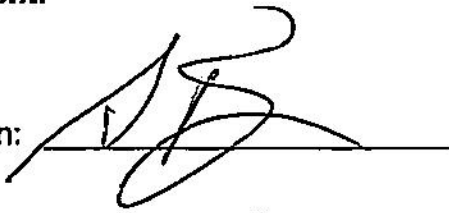
The Inspector agrees to provide inspection, monitoring and routine maintenance service only under this contract. The Client remedies for breach of this contract shall be limited to refund of any of the amounts paid in advance for service. This contract may be renewed 30 days from the ending date.

Payment for all services shall be paid 0

Client:

Inspector:

Sign:



Sign:



Print:

Scott Roberts

Print:

DAVE ENGLISH

Date:

8/6/20

Date:

8/6/2020